

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Docket Number: 29556.1692

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop _____, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22314-1450, or being facsimile transmitted to the USPTO at _____, on _____,

Signature: _____

Name: _____

In re Application of: Federoff et al.

Application Number: 10/578,561

Filed: March 1, 2007

For: COMPOSITIONS AND METHODS OF TREATING
NEUROLOGICAL DISEASES

Group Art Unit: 1633

Examiner: Robert M. Kelly

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate entity fee are as follows (check time period desired):

- ☐ One month (37 CFR 1.17(a)(1)) - (\$65/\$130) \$ _____
- ☐ Two months (37 CFR 1.17(a)(2)) - (\$245/\$490) \$ _____
- ☒ Three months (37 CFR 1.17(a)(3)) - (\$555/\$1110) \$ 555
- ☐ Four months (37 CFR 1.17(a)(4)) - (\$865/\$1730) \$ _____
- ☐ Five months (37 CFR 1.17(a)(5)) - (\$1175/\$2350) \$ _____

☒ Applicant claims small entity status.

☐ A check to cover the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Commissioner has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 505409. I have enclosed a duplicate copy of this sheet.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the ☐ applicant/inventor

☐ assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☐ attorney or agent of record.

☒ attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) 59,603.

_____/Carissa R. Chikls/

Signature

_____/August 23, 2011

Date

_____/Carissa R. Chikls

Typed or printed name

_____/ (585) 270-2134

Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 form is submitted.

SEND TO: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450